including therapeutic catheterization and supportive measures are essential before cardiac surgery. Catheterization and possible intervention should be considered early during postoperative phase in severely sick patients.

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## Abstract on percutaneous coronary intervention in different anomalous coronary arteries-an observational study

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***Aims:*** Anomalous coronary arteries are uncommon but clinically significant, depending upon its ostial origin, course and distribution, such patient may be asymptomatic or may present with angina, acute myocardial infarction, arrythmias, syncope and sudden cardiac death. Our aim is, to show the feasibility of percutaneous coronary intervention in those anomalous coronary arteries and also to assess the selection of hardwire in those particular cases.

***Methods and results:*** Since January 2002 we have done 3110 PCI cases in NICVD and other cardiac centers in Dhaka. Out of which total twenty-one cases of PCI were performed in different varieties of anomalous coronary artery. Among those twenty-one cases, seven cases were PCI to high take off origin of RCA (33%), six cases were PCI to RCA of posterior origin (28%), three cases were PCI to RCA arising from left sinus of valsalva (14%), single case each for PCI to LCX as proximal branch of RCA (4.76%), PCI to LCX arises from right sinus of valsalva (4.76%), PCI to LAD arising separately from LSV (4.76%), PCI to LCX arising separately from LSV (4.76%), PCI to RCA where RCA and LM arising from RSV as a single stem (4.76%). We report here successful PCI in 20 (95%) cases having eight verities of anomalous coronary artery with failure in one case (4.76%).

***Conclusion:*** PCI in anomalous coronary arteries is a feasible therapeutic strategy with excellent clinical results. Selection of appropriate guiding catheter and other equipment is essential to the technical success of the procedure. Since these cases are rare, the reported experience of other practitioners may provide helpful tips.

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## Comparison of clinical outcomes among patients undergoing cabg with or without prior PCI

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***Introduction:*** There are increasing numbers of patients who are referred for coronary artery bypass grafting (CABG) after prior percutaneous coronary intervention (PCI) due to in stent thrombosis or other coronary complications. The intent here is to characterize the risk, if any, that is associated with a prior PCI experience.

***Objectives:*** To compare clinical outcomes between patients undergoing CABG with or without previous PCI.

***Methods:*** This is a retrospective chart review study. Two hundred seventy eight patients underwent CABG at KING FAHAD MEDICAL CITY, KSA between January 2009 to December 2010, of whom, 60 patients had prior PCI and 218 without a previous PCI. Primary outcome measures included post CABG survival, hospital stay, post CABG inraaortic balloon, myocardial infarction, or repeat revascularization. Statistical analysis was pursed using the t-test /Wilcoxon and multiple linear regression analysis test for the continuous outcomes and the chi-square/Fisher exact test and logistic regression analysis for dichotomous outcomes. SAS version 9.3; Carey, NC, USA was used for statistical analysis.

***Results:*** Overall there were 278 patients (60 in the CABG plus prior PCI group and 218 in the CABG alone group). All patients were followed up to 2 year post-CABG. All pre-CABG demographic and clinical characteristics were similar between the two groups. Overall, mean age was 59.3 years (median = 59 years); 54 (20%) females and both age and gender distributions were similar between the two groups. Mortality in the CABG alone group occurred in 6/218 patients (2.8%) compared to 2/60 (3.3%) in the CABG with prior PCI group ($p = 0.8$). Sixty six (30.3%) on the CABG alone group had recent MI vs. 29/60 (49.2%) in the CABG with prior PCI, $p$ value = 0.007. Mean + sd of hospital stay was 11.8 + 12 days on the CABG alone group vs. 13.7 + 11.6 days on the CABG with prior PCI group, $p$-value = 0.27. Postoperative need of inraaortic balloon occurred among 7 (11.62%) cases in the CABG alone group and among 3 cases (5.5%) in the CABG with prior PCI group, $p$ value = 0.33.

***Conclusions:*** Although the incidence of recent MI differed significantly between the two groups, no apparent differences were detected in terms of mortality, hospital stay and need for inraaortic balloon. Prospective studies as well increasing the sample size and extended follow-up are further required to validate the results.

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## Outcome of coronary artery bypass in patients with child-pugh class a liver cirrhosis